


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	Product Comprising a Thin-film Radiation-cured Coating on a Three-dimensional Substrate	
Application Type : regular, utility Attorney Docket Number : 2747507709		
Correspondence address: Customer Number: 24024 		
<b>Inventors Information:</b>  <u>Inventor 1:</u> <b>Applicant Authority Type:</b> Inventor <b>Citizenship:</b> US <b>Given Name:</b> David <b>Family Name:</b> Hagopian <b>Residence:</b> <b>City of Residence:</b> Deerfield <b>State of Residence:</b> IL <b>Country of Residence:</b> US <b>Address-1 of Mailing Address:</b> 696 Lombardy Lane <b>Address-2 of Mailing Address:</b> <b>City of Mailing Address:</b> Deerfield <b>State of Mailing Address:</b> IL <b>Postal Code of Mailing Address:</b> 60015 <b>Country of Mailing Address:</b> US <b>Phone:</b> <b>Fax:</b> <b>E-mail:</b>  <u>Inventor 2:</u> <b>Applicant Authority Type:</b> Inventor <b>Citizenship:</b> US <b>Given Name:</b> Alan <b>Family Name:</b> Smock <b>Residence:</b>		

**City of Residence:** Dubois  
**State of Residence:** IN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 3073 East State Road 56  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Dubois  
**State of Mailing Address:** IN  
**Postal Code of Mailing Address:** 47527  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** KR  
**Given Name:** Inho  
**Family Name:** Song  
**Residence:**  
**City of Residence:** Chesterland  
**State of Residence:** OH  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 12466 Bentbrook Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Chesterland  
**State of Mailing Address:** OH  
**Postal Code of Mailing Address:** 44026  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 4:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Karen  
**Middle Name:** A.  
**Family Name:** Barkac  
**Residence:**  
**City of Residence:** North Huntingdon  
**State of Residence:** PA  
**Country of Residence:** US

**Address-1 of Mailing Address:** 9980 Buckingham Place  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** North Huntingdon  
**State of Mailing Address:** PA  
**Postal Code of Mailing Address:** 15642  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 5:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Melanie  
**Middle Name:** S.  
**Family Name:** Cambell  
**Residence:**  
**City of Residence:** Freeport  
**State of Residence:** PA  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 105 Campbell Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Freeport  
**State of Mailing Address:** PA  
**Postal Code of Mailing Address:** 16229  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 6:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Richard  
**Family Name:** Foukes  
**Residence:**  
**City of Residence:** Mars  
**State of Residence:** PA  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 122 Sewickley Farm Circle  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Mars

**State of Mailing Address:** PA  
**Postal Code of Mailing Address:** 16046  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:

24024



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Publication Information:**

Suggested Figure for Publication -

Suggested Classification -

Suggested Technology Center -

Total Number of Drawing Sheets - 13

**Assignee 1:**

**Organization Name:** MasterBrand Cabinets, Inc.  
**Address-1 of Mailing Address:** One MasterBrand Cabinets Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Jasper  
**State of Mailing Address:** IN  
**Postal Code of Mailing Address:** 47546  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**